

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
ENVIRONMENTAL REGULATION ADMINISTRATION
2100 MARTIN LUTHER KING, JR. AVENUE S.E.
WASHINGTON, D.C. 20020-5732**



January 26, 1996

**Mr. Paul Kaplan
Super Salvage, Inc.
1711 First Street, S.W.
Washington, D.C. 20024**

Dear Mr. Kaplan:

This letter confirms the hazardous waste Compliance Evaluation Inspection (CEI) conducted at your facility on January 23, 1996, pursuant to the District of Columbia Hazardous Waste Management Act, D.C. Law 2-64, as amended, and supporting regulations.

Super Salvage, Inc., (DCR 000 000 208) generates less than 50 Kilograms per month of waste solvents that are disposed through the Safety-Kleen Corporation.

No violations were observed during the inspection. If you have any questions, you may contact me on (202) 645-6080, Ext. 3024.

Sincerely,

A handwritten signature in cursive script, reading "Ghirmay Berhe".

**Ghirmay Berhe
Environmental Chemist
Hazardous Waste Management Branch**

cc: EPA RCRA Enforcement

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
ENVIRONMENTAL REGULATION ADMINISTRATION
HAZARDOUS WASTE MANAGEMENT BRANCH

LAND DISPOSAL RESTRICTION CHECKLIST

INSPECTORS NAME Mr. Ghirmay Berhe

TITLE Environmental Chemist

DATE January 23, 1996

I. GENERATOR IDENTIFICATION:

- A. Generator Name Super Salvage, Inc.
- B. Generator Address 1711 First Street, S.W.
- C. Generator's type of operation Metal recovery
- D. EPA ID # DCR 000 000 208
- E. Contact person and phone number Mr. Paul Kaplan

II. GENERATOR COMPLIANCE:

- A. Does the generator treat waste on site?
 Yes X No
- B. Were treatment residuals generated from RCRA exempt units or processes? Yes X No
If yes list type of treatment units and processes.
- C. Does the generator dispose of waste on site?
 Yes X No
- D. Has the facility identified its restricted hazardous wastes based on:

a. Knowledge of wastes

- b. TCLP (Toxicity Characteristic Leaching Procedure) list the restricted wastes identified by both methods (attach a copy of the lab report).

- E. Have any waste streams been misclassified?

☐ Yes ☒ No

- F. Does the generator have all the appropriate notifications/certifications for all restricted wastes generated on site? ☒ Yes ☐ No

- G. If yes, does all of the applicable information (manifest #s, waste streams and quantities) match with the information on the manifests? ☒ Yes ☐ No

- H. Have all treatment standards been tabulated for all the corresponding waste streams? ☒ Yes ☐ No

- I. Have any of the treatment standards been exceeded for any of these waste streams? ☐ Yes ☒ No

If yes, please explain:

- J. Has the appropriate treatment method been utilized?

☒ Yes ☐ No

- K. Comments: There were no violations observed during

this inspection.

D.C. CHECKLIST FOR SMALL QUANTITY GENERATORS OF HAZARDOUS WASTE

Facility Name: Super Salvage, Inc.

Facility Address: 1711 First Street, S.W.

EPA ID Number: DCr 000 000 208

Facility Representative: Mr. Paul Kaplan

Inspector(s): Mr. Ghirmay Berhe

Inspection Date: January 23, 1996

Types of Waste generated and quantity of each per month (in kilograms)

<u>D001 <50 Kg.</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

ANSWER THE FOLLOWING WITH Y for YES, N for NO, and N/A FOR NOT APPLICABLE

1. Are all containers labeled "Hazardous Waste"? Y
2. Is the date accumulation began marked on the containers? Y
3. Is the waste being accumulate on site greater than 180 days? N
4. Is the generator handling any prohibited or restricted waste? Y
If yes fill out LAND DISPOSAL RESTRICTION (LDR) CHECKLIST.
5. Are notification/certification being maintained for LDR waste? Y
6. Does the generator have an up to date Contingency Plan? N/A
7. Does the generator have training records for employees handling hazardous waste? N/A
8. Are manifest being maintained for the required period of time? Y
9. Do the EPA waste codes on the manifest match the waste streams? Y


Comments and detailed of violations observed:

There were no violations observed during this inspection.

PHW&USTD:HUGHES:JM:DRAFT:02/01/94
TITLE:F:\USERDATA\CKLSTSQG.TXT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 1010-0028 EPA Form 871-101-01

<p>Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>		 <h1>Notification of Regulated Waste Activity</h1> <p>United States Environmental Protection Agency</p>		<p>Date Received (For Official Use)</p>	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number	
				D C R 1 1 1 1 1 1 2 0 8	
II. Name of Installation (Include company and specific site name)					
S U P E R S A L V A G E I N C					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street					
1 7 1 1 F I R S T S T S W					
Street (continued)					
City or Town				State	ZIP Code
W A S H I N G T O N				D C	2 0 0 2 4
County Code		County Name			
IV. Installation Mailing Address (See Instructions)					
Street or P.O. Box					
S U P E R S A L V A G E I N C					
1 7 1 1 F I R S T S T S W					
City or Town				State	ZIP Code
W A S H I N G T O N				D C	2 0 0 2 4
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (last)			Name (first)		
D E V I N N E Y			M I K E		
Job Title			Phone Number (area code and number)		
M E C H A N I C			2 0 2 4 8 8 7 1 5 7		
VI. Installation Contact Address (See Instructions)					
A. Contact Address Location		B. Street or P.O. Box			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
		S A M E A S A B O V E			
City or Town		State	ZIP Code		
VII. Ownership (See Instructions)					
A. Name of Installation's Legal Owner					
R O B E R T K A P L A N					
Street, P.O. Box, or Route Number					
S A M E A S A B O V E					
City or Town		State	ZIP Code		

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions.) ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☒ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
0006	0008	0018	0035	0039	0040
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

PAUL KAPLAN Foreman

Date Signed

6/7/95

XI. Comments

applying for permit #

BATT/12 8/14/95 ✓

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☐

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

DCR 000000 208

II. Name of Installation (Include company and specific site name)

SUPER SALVAGE INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1711 FIRST ST S.W.

Street (continued)

City or Town

WASHINGTON D.C.

State

ZIP Code

DC 20024-

County Code

County Name

001

D.C.

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

KAPLAN

(first)

PAUL

Job Title

SECRETARY

Phone Number (area code and number)

202-488-7157

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒
☐

B. Street or P.O. Box

1711 FIRST ST S.W.

City or Town

WASHINGTON

State

ZIP Code

DC 20024-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ROBERT KAPLAN

Street, P.O. Box, or Route Number

3226 LUNDHAM DRIVE

City or Town

SILVER SPRING

State

ZIP Code

MD 20906-

Phone Number (area code and number)

301-598-7267

B. Land Type

D

C. Owner Type

F

D. Change of Owner Indicator

Yes

No

Date Changed
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

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- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
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- Mode of Transportation
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- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control
- ☒ RECYCLE

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
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(or On-site Burner) Who First Claims
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2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- D018 D039

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

XI. Comments

APPLICATION FOR PERMANENT EPA ID #

BAH/12 8/10/95

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
DCR000000200

02/17/95

INSTALLATION ADDRESS

SUPER SALVAGE INC
1711 1ST ST SW
WASHINGTON , DC 20024
MIKE DEVINNEY MECHANIC

1711 1ST ST SW
WASHINGTON , DC 20024